MEMO

To:

John Lefler, Michigan Department of Environmental Quality

From:

Robert Young, TechLaw

Subject:

Investigation-Derived Waste - Manistique Paper

Date:

June 8, 1998

Based on your telephone conversation with Mr. Mike Powers of our TechLaw, Chicago office, enclosed is an amendment to the "Notification of Regulated Waste Activity" form for U.S. EPA ID No. MIR000030106. Per your instructions, only the second page of the form has been revised, as the information supplied on the first page is the same as the initial submittal. Please note that two pages have been submitted, allowing for the listing of additional Toxicity Characteristic waste codes. Also, as indicated in Section XI, "Comments," the wastes may contain polychlorinated biphenyls (PCBs), but the concentrations of the PCBs is currently unknown.

Please contact me at 312-345-8966 if you require any additional modifications.

cc:

B. Freeman, U.S. EPA

D. Sharrow, U.S. EPA

P. Brown-Derocher, TechLaw

T. Quillen, TechLaw

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| VIII. Type of Regulated Waste Activity (Mark | | er to Instruct | | | | |
| A. Hazardous Wa | iste activity | | B. Used (| Oli Recycling / | Activities | · · |
| 1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify | □ 3. Treater, Storer, Disposinstallation) Note: A perequired for this activity Instructions. 4. Hazardous Waste Fuel □ a. Generator Marketing to □ b. Other Marketers □ c. Boiler and/or Industrial I □ 1. Smelter Deferral □ 2. Small Quantity Exelected Industrial II □ 1. Utility Boiler □ 2. Industrial Boiler □ 3. Industrial Furnace □ 5. Underground Injection C | Burner 2 Eumace 3 Eustion 4 | a. Market Oil to (b. Market Used () Used Oil of Combo a. Utility b. Indust c. Indust Type(s) (a. Transp b. Transf | rial Boiler rial Furnace Transporter - li torter fer Facility Processor/Re- Type(s) of Actives | ment of Us n Burner aims the secification te Type(s) ndicate Device(s) | |
| IX. Description of Regulated Wastes (Use a | dditional sheets if necessary) | | | | | |
| | ion handles; See 40 CFR Parts 26 (See Additional List specific EPA haz contaminant(s)) DOOA 261.31 - 33; See instructions if you 9 10 | 1.20 - 261.24 Lingte Colleged ardous waster DOO need to list | more than 1. | Page 3 A the Toxicity character of 0 6 f | `` | 7 |
| X. Certification | | | | | | |
| I certify under penalty of law that this documen a system designed to assure that qualified persperson or persons who manage the system, or tis, to the best of my knowledge and belief, true, information, including the possibility of fine an Signature | sonnel properly gather and evaluat those persons directly responsible accurate, and complete. I am awar | the information gathering e that there a stions. | tion submitte the informat | ed. Based on my ion, the informat | inquiry of t ion submitt bmitting fa | the ted |
| S.g.iaca. o | Traine and official title (19) | is or printy | | Date oigi | | |
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| XI. Comments | | | | | | |
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| FOR EPA ID NO. MIRO | 00030106. The wa | stes gen | ualel a | + this fac | ility a | M |
| Note: Mail completed form to the appropriate E Investigation Derived Wasks The wastes May Contain Ou | | | | | | نو <u>ک</u> |
| EPA Form 8700-J2 (Rev. 16/09/96) Of PCBS is currently UNKING | -2 of 2. | | | | | |

| Please print or type with ELITE type (12 ch ers | per inch) in the unshaded areas of | only | Form Approved, C | 0M8 Na. 2050-0028 Expires 10/3 //99 GSA No. 02&6-EPA-07 |
|--|---|---|--|---|
| , . | • | | ID - For Officia | i Use Only |
| | | | | |
| VIII. Type of Regulated Waste Activity (Mark | 'X' in the appropriate boxes. Ref | er to Instru | ctions) | |
| A. Hazardous Was | ste Activity | | B. Used Oil f | Recycling Activities |
| a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify | 3. Treater, Storer, Disposinstallation) Note: A perequired for this activitionstructions. 4. Hazardous Waste Fuel a. Generator Marketing to b. Other Marketers c. Boiler and/or industrial F. Smelter Deferral 2. Small Quantity Exelected indicate Type of Combonics Device(s) 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace 5. Underground Injection C | rmit is by, see Burner furnace imption pustion | a. Marketer D Oil to Off-S b. Marketer V Used Oil M 2. Used Oil Bur of Combustic a. Utility Boil b. Industrial c. Industrial 3. Used Oil Tra Type(s) of Co a. Transporte b. Transfer F 4. Used Oil Pro | er Boiler Furnace nsporter - Indicate ombustion Device(s) er |
| | _ 5. Underground Injection C | ontrol | a. Process b. Re-refine | |
| IX. Description of Regulated Wastes (Use ad | iditional sheets if necessary) | | | |
| | Toxicity racteristic (List specific EPA haz contaminant(s)) | 1.20 - 261.2 ardous wast | e number(s) for the T | oxicity characteristic |
| C. Other Wastes. (State or other wastes requi | iring a handler to have an I.D. nur | nber; See | instructions.) | |
| 1 2 | 3 4 | | 5 | 6 |
| X. Certification | | | | |
| I certify under penalty of law that this document a system designed to assure that qualified pers person or persons who manage the system, or the is, to the best of my knowledge and belief, true, information, including the possibility of fine an | onnel properly gather and evaluate hose persons directly responsible accurate, and complete. I am awar | e the inform for gatheri e that there | nation submitted. I ng the information. | Based on my inquiry of the the information submitted |
| Signature | Name and Official Title (Ty) | oe or prin | t) | Date Signed |
| XI. Comments | | | | |
| The state of the s | ste Codes - se | e F | age 20 | f 3 |

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

STATE OF MICHIGAN



JOHN ENGLER, Governor

REPLY TO:

WASTE MANAGEMENT DIVISION PO BOX 30241 LANSING MI 48909-7741

DEPARTMENT OF ENVIRONMENTAL QUALITY "Better Service for a Better Environment"

HOLLISTER BUILDING, PO BOX 30473, LANSING MI 48909-7973
INTERNET: www.deq.state.mi.us
RUSSELL J. HARDING, Director

February 4, 1998

Ms. Diane Sharrow Environmental Scientist US EPA Region 5 77 West Jackson DRE-9J Chicago, IL 60604

Dear Ms. Sharrow:

SUBJECT:

Notification of Regulated Waste Activity

Identification Number MIR 000 030 106

The Michigan Department of Environmental Quality (MDEQ) has received a Notification of Regulated Waste Activity form which was submitted pursuant to Section 3010 of the federal Resource Conservation and Recovery Act, 42 U.S.C. 6930 and Part 111, Hazardous Waste Management, of Michigan's Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, MCL 324.11101 et seq.

Accordingly, an Identification Number has been issued for <u>Manistique Disposal Site/EPA Region 5</u> <u>Investigation located one mile East of M-94 on Frankovitch Road, Hiawatha Township, Michigan.</u> This twelve character Identification Number MIR 000 030 106 must be used on all manifests for shipments off-site of hazardous waste or liquid industrial waste and any correspondence regarding hazardous waste activities with MDEQ or the U.S. Environmental Protection Agency.

Enclosed is a copy of the notification form submitted with the identification number entered in Item I.C. Please carefully review the status marked to verify whether the correct box was checked in Item VIII. The status for this facility is:

Small Quantity Generator (Item A.1.b) - generate between 100 kg - 1,000 kg (220 lbs - 2,200 lbs) of hazardous waste at this facility in a calendar month.

One-time only waste generation.

If you determine that the incorrect status was checked, please submit a new notification form (EQP5150) with subsequent information (complete Item I.B. and I.C.), along with a cover letter explaining that the first notification was incorrect.

Page 2 February 4, 1998

Note that the Identification Number is site-generated; meaning this identification number **cannot** be used at a new location. In case of a move, change of owner or facility status, contact the MDEQ for a new instruction booklet and notification form (EQP5150).

If the purpose of this notification is a one-time generation of hazardous waste due to a cleanup, polychlorinated biphenyls (PCB) removal, underground storage tank removal, etc., please notify the MDEQ in writing upon completion of the project. The MDEQ will deactivate the Identification Number at that time.

If you have any questions, please contact me at the number below or John Loeffler at 517-241-2441 or Don Clingersmith at 517-335-5139.

Sincerely,

Elaine Sellek

Notification Project Coordinator Waste Management Division

517-335-5035

Enclosures

cc/enc: Marquette District, WMD, MDEQ

File

Please rates to Section V. Line by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is used by law (Section 3010 of Resource Conservation and wary Act).

Notification of Regulated Waste Activity

. Date Received (For Official Use Only)

United States Environmental Protection Agency

| . Installation's EPA ID Number (Mark 'X' In the appropriate box) | |
|---|---|
| A. Initial Notification B. Subsequent Notification | C. Installation's EPA ID Number |
| (Complete item C) | MIR0000301063 |
| It. Name of installation (include company and specific site name) | |
| Muhistlique Disposal Site/EPA Rel | gi bn 5 Investigation |
| III. Location of installation (Physical address not 17.0. Box or Route Ni | umber) |
| Street | |
| One Mile East of M-94 on Frankovit | ch Road |
| Street (Continued) | |
| | |
| City or Town | State Zip Code |
| Hia watha Townshi | 7 MIA9854- |
| County Code County Name | |
| 1535ch001craft | |
| IV. Installation Mailing Address (See instructions) | |
| Street or P.O. Box | |
| SAME - Notes The facility | is a sludge sile with no |
| City or Town | State Zip Code Mailing address. |
| | |
| V. Installation Contact (Person to be contacted regarding waste acti | ivitles at site) |
| Name (Last) (F) | irst) |
| Sharrow | liane |
| | none Number (Area Code and Number) |
| Envisonmental Scientist 3 | |
| VI. Installation Contact Address (See instructions) | |
| A. Contact Address Location histing B. Street of P.O. Box | |
| | est Jackson DRE-95 |
| City or Town | State Zip Code |
| 6 h i c 9 0 | IL60604- |
| VII. Ownership (See instructions) | |
| A. Name of Installation's Legal Owner | |
| NI - P II - II - II - II - II - II - II | 111000000000000000000000000000000000000 |
| Street, P.O. Box, or Route Number | 15 Incorporate |
| | |
| 453 SOUTH MUGCKIN | State Zip Code |
| City or Town | State Zip Code |
| | |
| anistique | C Owner Type D Change of Cymer (Date Changed) |
| Phone Number (Area Code and Number) B. Land Type | C. Owner Type D. Change of Owner (Date Changed) Indicator Month Day Year Yes No |

rm Approved. OMB No. 2050-0028 Expires 10/31/99 GSA No. 0245-EPA-OT

| | ID - For Official Use Only |
|--|---|
| | |
| VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Ret | fer to Instructions) |
| A. Hazardous Waste Activity | B. Used Oil Recycling Activities |
| 1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Raii 3. Treater, Storer, Disponinstallation) Note: A perequired for this activities instructions. 4. Hazardous Waste Fuel a. Generator Marketing to b. Other Marketers c. Boiler and/or Industrial indicate Type of Combination instructions. 4. Hazardous Waste Fuel a. Generator Marketing to b. Other Marketers c. Boiler and/or Industrial indicate Type of Combination indicate Type of Combination instructions. 1. Smelter Deferral 2. Small Quantity Exemples in the combination instructions. 1. Smelter Deferral 2. Small Quantity Exemples in the combination instructions. 3. Treater, Storer, Dispondent instructions instructions. 4. Hazardous Waste Fuel a. Generator Marketing to b. Other Marketers C. Boiler and/or Industrial instructions. 1. Smelter Deferral 2. Small Quantity Exemples in the combination instructions. 1. June 1. J | ser (at primit is at a marketer Directs Shipment of Used Oil to Off-Specification Burner b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device a. Utility Boiler b. Industrial Boiler c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s) a. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(les) |
| IX. Description of Regulated Wastes (Use additional sheets if necessary) | |
| A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxen nonlisted hazardous wastes your installation handles; See 40 CFR Parts 26 | |
| 1. Ignitable 2. Corrosive 3. Reactive 4. Toxicity (List specific EPA haz (D001) (D002) (D003) Characteristic contaminant(s)) B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you | zardous waste number(s) for the Toxicity characteristic DOOB u need to list more than 12 waste codes.) |
| 1 2 3 4 7 8 9 10 | 5 6 11 12 12 12 12 12 12 12 12 12 12 12 12 |
| C. Other Wastes. (State or other wastes requiring a handler to have an I.D. nu | mber; See instructions.) |
| 1 2 3 4 | 5 6 |
| X. Certification | |
| I certify under penalty of law that this document and all attachments were prepara system designed to assure that qualified personnel properly gather and evaluat person or persons who manage the system, or those persons directly responsible is, to the best of my knowledge and belief, true, accurate, and complete. I am awa information, including the possibility of fine and imprisonment for knowing viol | te the information submitted. Based on my inquiry of the e for gathering the information, the information submitted re that there are significant penalties for submitting false |
| Signature Name and Official Title (Ty Attand Lanow Diane Sharma) | pe or print) Date Signed Low Soventist 2 February 1998 |
| XI. Comménts | |
| The wastes generated at this facility | y are Investigation-Derived |
| Wastes (IDW) from a US ElA enviror | imental investigation. |
| Note: Mail completed form to the appropriate EPA Regional or State Office. (Se | |
| is a one-time waste generation | 3 |

United States Environmental Protection Agency Washington, DC 20460

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section

| Notification of Hazardon | us Waste | activity | 3010 of the Resou and Recovery Act). | irca Conservation | | |
|--|----------------------|---|---|------------------------------|--|--|
| r Official Use Only | | | 10000 | | | |
| C C | omments | TIT | | | | |
| c | | | NI N | 11 5 1000 | | |
| Installation's EPA ID Number | Approved | . Date Receiver. mo. | ved NUV | 0 0 1550 | | |
| CMIDGGIIGOIZOTA | CA | 9011 | | PA, REGION V | | |
| Name of Installation | 1 // | | SWI | B — PMS | | |
| Name of installation | - 0 0 | F 11 0 | | | | |
| MANISTIQUE PAPI | E K 3 , , | LN C. | | | | |
| Installation Mailing Address Street | et or P.O. Box | | | | | |
| C | SHI | 2 cti | 200 | | | |
| City or Town | H Xey | 7 0 11 1 | State | ZIP Code | | |
| CMANISTIQUE | | | MI4 | 9854 | | |
| II. Location of Installation | | | | | | |
| Street o | or Route Number | * | | | | |
| 5453 S. MACKINA | e I | | | | | |
| City or Town | | | State | ZIP Code | | |
| 6 MANISTIQUE | | | MI 4 | 9854 | | |
| V. Installation Contact | | | 以外的 | | | |
| Name and Title (last, first, and job title) | | Ph | one Number (area co | ode and number) 3 | | |
| 2 POOK JAMES | | 90 | 6341 | 2175 | | |
| V. Ownership A. Name of Installation's Legal Ov | vner. | MARKET MARKE | B. Type of Own | nership (enter code) | | |
| CTABLATIQUE PA | DFDC | 2 11/ | P | | | |
| /I. Type of Regulated Waste Activity (Mark 'X' in the | appropriate box | es. Refer to in | structions.) | | | |
| A. Hazardous Waste Activity | | | Oil Fuel Activities | | | |
| ☐ 1a. Generator ☐ 1b. Less than 1,000 kg/mo. | 6. Off-Sp | ecification Used (| Dil Fuel ropriate boxes below | ,, | | |
| ☐ 2. Transporter ☐ 3. Treater/Storer/Disposer | - | . Generator Mark | 2019 #EDV (EDERHERMAN) \$10 pt 2000 majel #AV (2000 majel #A) (2000 majel #A) | | | |
| 4. Underground Injection | | . Other Marketer | | Tara | | |
| 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below) | | C. Burner | | | | |
| a. Generator Marketing to Burner | 7. Specif | fication Used Oil F | uel Marketer (or On | site Burner) | | |
| b. Other Marketer | Who F | irst Claims the O | il Meets the Specific | ation | | |
| L c. Burner | | | | | | |
| VII. Waste Fuel Burning: Type of Combustion Device which hazardous waste fuel or off-specification used oil fuel is burn | ed. See instructions | opriate boxes to ii s for definitions of | ndicate type of combi f combustion devices | ustion device(s) in . s.) | | |
| | ustrial Boiler | | . Industrial Furnace | | | |
| VIII. Mode of Transportation (transporters only — ent | | propriate box(e | es) | | | |
| A. Air B. Rail C. Highway D. Water f | E. Other (specify) | | | | | |
| IX. First or Subsequent Notification ark 'X' in the appropriate box to indicate whether this is your in | estallation's first | stification of boson | rdoue west- | | | |
| otification. If this is not your first notification, enter your installation | on's EPA ID Number | in the space prov | rided below. | or a subsequent | | |
| | | C. | Installation's EPA ID |) Number | | |
| A. First Notification | te item C) | | | | | |

| | | | | ID | For Official Use Only | 1 |
|------|---|---------------------------|---------------------------|---------------------------|--|--|
| * | | | C | | | T/A C |
| Χ. | Description of Haza | rdous Wastes (cor | ntinued from front) | | WALL TO SHARE DATE OF | A CONTRACTOR OF STREET |
| A. F | lazardous Wastes from I rom nonspecific sources y | Vonspecific Sources. E | nter the four-digit numb | | 61.31 for each listed ha | zardous waste |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| | 0001 | | | | | |
| | DOOL | | | | | |
| | 7 | 8 | 9 | 10 | 11 | 12 |
| | - | | | | | |
| D L | lazardous Wastes from S | Specific Sources Esta | r the four digit number f | rom 40 CER Part 261 1 | 22 for each listed barres | lous waste from |
| | specific sources your inst | | | | oz for each listed flazard | ious waste nom |
| | 13 | 14 | 15 | 16 | 17 | 18 |
| | | | | | | |
| ĺ | | | | | | |
| | 19 | 20 | 21 | 22 | 23 | 24 |
| | | | | | | |
| | 25 | 26 | 27 | 28 | 29 | 30 |
| | 23 | 20 | | 20 | 25 | 30 |
| | | | | | | |
| | Commercial Chemical Pr | | | | Part 261.33 for each che | mical substance |
| , | our installation handles | which may be a hazard | ous waste. Use additions | al sheets if necessary. | | |
| | 31 | 32 | 33 | 34 | 35 | 36 |
| | | | | | | |
| | 37 | 38 | 39 | 40 | 41 | 42 |
| | | | | | | 72 |
| | | | | | | |
| | 43 | 44 | 45 | 46 | 47 | 48 |
| | | | | | | |
| | | | | | | |
| D. | Listed Infectious Wastes pitals, or medical and rese | . Enter the four-digit nu | imber from 40 CFR Part | 261.34 for each hazar | dous waste from hospita | als, veterinary hos- |
| - | | | | | T | |
| | 49 | 50 | 51 | 52 | 53 | 54 |
| 1 | 2. 1+ | | | | | |
| E. (| Characteristics of Nonlis | ted Hazardous Wastes | . Mark 'X' in the boxes o | orresponding to the ch | naracteristics of nonliste | d hazardous wastes |
| , | your installation handles. | (See 40 CFR Parts 261 | .21 — 261.24) | | Pi60 | * 1 |
| | 1. Ignitable | . 🗆 | 2. Corrosive | 3. Reacti | ve | 4. Toxic |
| VI | (D001) | w 1/8 d = 32 kg and | (D002) | (D003) | NATION DATE: NO 10 10 10 10 10 10 10 10 10 10 10 10 10 | (D000) |
| XI | . Certification | DURE TO CHEST SAFET | EDBANDAD EFFOR THE SERV | | | MANUFACTURE OF THE PARTY OF THE |
| | I certify under pena this and all attached | | | | | |
| | obtaining the inform | nation, I believe tha | t the submitted info | rmation is true, acc | curate, and complete | e. I am aware that |
| | there are significant | t penalties for subn | nitting false informa | tion, including the | possibility of fine ar | nd imprisonment. |
| Sig | nature / | / | Name and Offic | ial Title (type or print) | Dat | e Signed |
| X | | | X James Co | 1 77 | | |
| / | Mamo Cook | | James Co | ok, Waste Trea | atment Sup. | 10/31/90 |

EPA Form 8700-12 (Rev. 11-85) Reverse

United States Environmental Protection Agency Washington, DC 20460

SEPA

Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act)

| | and Recovery Act). |
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| ror Official Use Only | |
| Com | ments |
| C C | ICOPYLLLL |
| Installation's EPA ID Number | Approved (yr. mo. day) |
| C F M I D 9 8 1 1 9 2 6 2 8 1 | A 901105 U.S. EPA, REGION V. |
| I. Name of Installation | A STATE OF THE STA |
| MANISTIQUE PAPE | RS INC |
| II. Installation Mailing Address | R P.O. Roy |
| C Street o | r P.O. Box |
| City or Town | State ZIP Code |
| AMANISTÍQUE | MI 49854 |
| III. Location of Installation | |
| Street or P | loute Number |
| 5453 S MACKINAG | |
| City or Town | State ZIP Code |
| W Installation Contact | 77997 |
| IV. Installation Contact Name and Title (last, first, and job title) | Phone Number (area code and number) |
| COOK JAMES V. Ownership | 9063412175 |
| A. Name of Installation's Legal Owner R. PAP | ERS INC P |
| VI. Type of Regulated Waste Activity (Mark 'X' in the ap | |
| A. Hazardous Waste Activity | B. Used Oil Fuel Activities |
| ☐ 1a. Generator ☐ 1b. Less than 1,000 kg/mo. ☐ 2. Transporter | 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below) |
| 3. Treater/Storer/Disposer | a. Generator Marketing to Burner |
| 4. Underground Injection | b. Other Marketer |
| 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below) | ☐ c. Burner |
| a. Generator Marketing to Burner | 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification |
| ☐ b. Other Marketer ☐ c. Burner | Who i had claims the on weets the apecinication |
| VII. Waste Fuel Burning: Type of Combustion Device (et which hazardous waste fuel or off-specification used oil fuel is burned. | nter 'X' in all appropriate boxes to indicate type of combustion device(s) in See instructions for definitions of combustion devices.) |
| A. Utility Boiler B. Industr | rial Boiler C. Industrial Furnace |
| VIII. Mode of Transportation (transporters only - enter | 'X' in the appropriate box(es) |
| | Other (specify) 153-SchoolCraft |
| Y. First or Subsequent Notification | 了在高级的特殊的。1995年,1996年,1996年,1996年,1996年,1996年,1996年,1996年,1996年,1996年,1996年,1996年,1996年,1996年,1996年,1996年,1996年 |
| ark 'X' in the appropriate box to indicate whether this is your instance in this is not your first notification, enter your installation seems of the control of the contro | allation's first notification of hazardous waste activity or a subsequent EPA ID Number in the space provided below. |
| A First Notification B. Subsequent Notification (complete in | C. Installation's EPA ID Number |

| | | | 10 | En- Official III-a Onl | |
|---|--|------------------------------------|---------------------------------------|---|---|
| 3 × | | c w | | - For Official Use Onl | Y . T/A C |
| Description of Hazardous | Wastes (continu | ed from front | | | |
| Hazardous Wastes from Nonspe from nonspecific sources your ins | cific Sources. Enter | the four-digit numbe | | 61.31 for each listed ha | zardous waste |
| 1 | 2 | 3 | 4 | 5 | 6 |
| 0001 | | | X | - | |
| 7 | 8 | 9 | 10 | 11 | 12 |
| Hazardous Wastes from Specific | Sources. Enter the | four-digit number fro | om 40 CFR Part 261.3 | 2 for each listed hazard | dous waste from |
| specific sources your installation | nandles. Use additio | 15 | 16 | 17 | 18 |
| | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 , | 27 | 28 | 29 | 30 |
| | | | | | |
| 37 | 38 | 39 | 40 | 41 | 42 |
| 43 | 44 | 45 | 46 | 47 | 48 |
| | | | | | |
| Listed Infectious Wastes. Enter pitals, or medical and research la | | | | | als, veterinary hos- |
| 49 | 50 | 51 | 52 | 53 | 54 |
| | | | | | |
| Characteristics of Nonlisted Haz your installation handles. (See 40 | ardous Wastes. Mar CFR Parts 261.21 — | k 'X' in the boxes co - 261.24) | responding to the ch | aracteristics of nonliste | ed hazardous wastes |
| 1. Ignitable (D001) | | rrosive 002) | , 3. Reactive (D003) | /e | 4. Toxic (D000) |
| . Certification | | | | * | 1 2 1 2 1 |
| I certify under penalty of I this and all attached docu obtaining the information, there are significant penal | ments, and that I believe that the | based on my inq submitted infor | uiry of those indination is true, acc | ividuals immediate curate, and complet | ly responsible for e. I am aware tha |
| gnature / // | | Name and Officia | Title (type or print) | Dat | e Signed |
| · Ilm Cak | | X James Coo | k. Waste Trea | tment Sup. X- | 10/31/90 |

EPA Form 8700-12 (Rev. 11-85) Reverse